

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/83033

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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23				1		
24				1		
25				1		
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27				1		
28				1		
29				1		
30				1		
31				1		
32			/	/		
33				1		
34				1		
35				1		
36				1		
37				1		
38			/	/		
39				1		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			18			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						